

Exhibit 16

DEKALB COUNTY POLICE DEPARTMENT

GA0440200

INCIDENT REPORT

Case #:
19-091140

EVENT	Incident Type: 16-5-23.1 (1313) Battery		Counts 1	Incident Code 1313	Offense Jurisdiction COUNTY	Arrest Jurisdiction				
	16-7-21 (5707) Criminal trespass - trespass		1	5707	COUNTY					
	FAMILY OFFENSE FREE TEXT		1	3899						
	Premise Type: RESIDENCE		Weapon Type: 03	Forcible: U	Stranger To Stranger: N	Hate Motivated: <input type="checkbox"/>	Loc Code: 560			
Date Report: 9/29/2019 7:03:30 PM Incident Start: 9/29/2019 4:00:30 PM Incident End: 9/29/2019 4:30:34 PM Incident Location: 4649 MEMORIAL DR 106 STN MTN GA										
VICTIM	Name (Last, First Middle): WOODS, BERTHA		Moniker:	DOB: [REDACTED]-1977	Age: 42	Sex: F	Race: B	Ethnicity:		
	Address 308 OLD SYLACHAUGA SYLACHUGA AL 35150-		Home #:	Work #:	Cell #:	Email:				
	SSN:	Resident Status:	HGT: 507	WGT: 200	Hair Color: BLACK	Hair Style: AFRO	Hair Length: SHORT	Eye Color: BROWN	OLN #:	State:
	Occupation:		Employer:	Address:		Employer Phone:				
	Victim Type: Individual		Student: Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	If Yes, Name of Victim's School		LEOKA Activity Type:		LEOKA Assignment Type:		
	Injuries: <input type="checkbox"/> None <input checked="" type="checkbox"/> Minor <input type="checkbox"/> Internal <input type="checkbox"/> Teeth <input type="checkbox"/> Unconscious <input type="checkbox"/> Lacerations <input type="checkbox"/> Bones <input type="checkbox"/> Other		Used: <input type="checkbox"/> Drugs <input type="checkbox"/> Alcohol <input type="checkbox"/> Computer							
	SMTs:									
	Relationship To Offenders:	(1) BOYFRIEND OR GI	(2)	(3)	(4)	(5)				
	Offenses Involved:	(1) 1313	(2) 5707	(3) 3899	(4)	(5)				
		(6)	(7)	(8)	(9)	(10)				
OFFENDER	Name: ODEM, MARCUS		Moniker:	DOB: [REDACTED]-1978	Age: 41	Sex: M	Race: B	Ethnicity:		
	Address: 24 JASMINE TR GOODWATER AL 35072-		Home Phone:	Work Phone:	Cell Phone:	Email:				
	SSN:	Resident Status:	HGT: 511	WGT: 170	Hair Color: BLACK	Hair Style: AFRO	Hair Length: SHORT	Eye Color: BROWN	OLN #: 624412	State: AL
	Occupation:		Employer:	Address:		Employer Phone:				
	SMTs:									
	Offenses Involved:									
	(1) 16-5-23.1 (1313) Battery	(2) 1313	(3)	(4)	(5)	(6)	(7)	(8)	(9)	(10)
	WANTED: <input type="checkbox"/> WARRANT: <input checked="" type="checkbox"/> ARREST: <input type="checkbox"/>		SUSPECT ARMED:		WEAPON:		Used: <input checked="" type="checkbox"/> Drugs <input type="checkbox"/> Alcohol <input type="checkbox"/> Computer			
	TOTAL NUMBER ARRESTED: 0		ARREST AT OR NEAR OFFENSE SCENE: Yes: <input type="checkbox"/> No: <input checked="" type="checkbox"/>							
	PROPERTY	VEHICLES		CURRENCY, NOTES, ETC		JEWELRY, PREC. METALS		FURS		
STOLEN		\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00			
RECOVERED		\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00			
CLOTHING		OFFICE EQUIP.		TV, RADIO, ETC		HOUSEHOLD GOODS				
STOLEN		\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00			
RECOVERED		\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00			
FIREARMS		CONSUMABLE GOODS		LIVESTOCK		OTHER				
STOLEN		\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00			
RECOVERED		\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00			
TOTAL										
ADM.	GCIC ENTRY <input type="checkbox"/> WARRANT <input type="checkbox"/> MISSING PERSONS <input type="checkbox"/> VEHICLE <input type="checkbox"/> ARTICLE <input type="checkbox"/> BOAT <input type="checkbox"/> GUN <input type="checkbox"/> SECURITIES									
	DID INVESTIGATION INDICATE THAT THIS INCIDENT WAS DRUG-RELATED? IF YES, PLEASE INDICATE THE TYPE OF DRUG(S) USED BY OFFENDER <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO 1 - Amphetamine <input type="checkbox"/> 2 - Barbiturate <input checked="" type="checkbox"/> 3 - Cocaine <input type="checkbox"/> 4 - Hallucinogen <input type="checkbox"/> 5 - Heroin 6 - Marijuana <input type="checkbox"/> 7 - Methamphetamine <input type="checkbox"/> 8 - Opium <input type="checkbox"/> 9 - Synthetic Narcotic <input type="checkbox"/> U - Unknown									
CLEAR	REQUIRED DATA FIELDS FOR CLEARANCE REPORT <input type="checkbox"/> CLEARED BY ARREST <input type="checkbox"/> EXCEPTIONALLY CLEARED <input type="checkbox"/> UNFOUNDED <input type="checkbox"/> DATE OF CLEARANCE <input type="checkbox"/> ADULT <input type="checkbox"/> JUVENILE									
	REPORTING OFFICER Burton l w		NUMBER 2892		APPROVING OFFICER Cribbs t a		NUMBER 3117			

PLAINTIFF-002986(UI&S)

GA0440200 FAMILY VIOLENCE INCIDENT REPORT						Case #: 19-091140				
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	16-7-21 (5707) Criminal trespass - trespass				1	5707	COUNTY			
	FAMILY OFFENSE FREE TEXT				1	3899				
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	Address 308 OLD SYLACHAUGA SYLACHUGA AL 35150-				Home #:	Work #:	Cell #:	Email:		
	SSN:	Resident Status:	HGT: 507	WGT: 200	Hair Color: BLACK	Hair Style: AFRO	Hair Length: SHORT	Eye Color: BROWN	OLN #:	State:
	Occupation:				Employer:	Address:		Employer Phone:		
	Victim Type: Individual				Student: Yes <input type="checkbox"/> No <input type="checkbox"/>	If Yes, Name of Victim's School		LEOKA Activity Type:		LEOKA Assignment Type:
	Injuries: <input type="checkbox"/> None <input checked="" type="checkbox"/> Minor <input type="checkbox"/> Internal <input type="checkbox"/> Teeth <input type="checkbox"/> Unconscious <input type="checkbox"/> Lacerations <input type="checkbox"/> Bones <input type="checkbox"/> Other <input type="checkbox"/> Used: <input type="checkbox"/> Drugs <input type="checkbox"/> Alcohol <input type="checkbox"/> Computer									
	Relationship To Offenders:	(1) BOYFRIEND OR GI	(2)	(3)	(4)	(5)				
Offenses Involved:	(1) 1313	(2) 5707	(3) 3899	(4)	(5)					
PRIMARY AGGRESSOR	Name: ODEM, MARCUS				Moniker:	DOB: [REDACTED] -1978	Age: 41	Sex: M	Race: B	Ethnicity:
	Address: 24 JASMINE TR GOODWATER AL 35072-				Home Phone:	Work Phone:	Cell Phone:	Email:		
	SSN:	Resident Status:	HGT: 511	WGT: 170	Hair Color: BLACK	Hair Style: AFRO	Hair Length: SHORT	Eye Color: BROWN	OLN #: 624412	State: AL
	Occupation:				Employer:	Address:		Employer Phone:		
	SMTs:									
	Offenses Involved:									
	(1) 16-5-23.1 (1313) Battery	1313	(2)							
	(3)		(4)							
	(5)		(6)							
	(7)		(8)							
WANTED: <input type="checkbox"/> WARRANT: <input checked="" type="checkbox"/> ARREST: <input type="checkbox"/> SUSPECT ARMED: WEAPON: Used: <input checked="" type="checkbox"/> Drugs <input type="checkbox"/> Alcohol <input type="checkbox"/> Computer										
TOTAL NUMBER ARRESTED: 0 ARREST AT OR NEAR OFFENSE SCENE: Yes: <input type="checkbox"/> No: <input checked="" type="checkbox"/>										
1. WERE CHILDREN INVOLVED? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO 2. WAS ACT COMMITTED WITH CHILDREN PRESENT? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO 3. NUMBER OF PREVIOUS COMPLAINTS AS ADVISED BY VICTIM: <input type="checkbox"/> 0 <input checked="" type="checkbox"/> 1-5 <input type="checkbox"/> 6-10 <input type="checkbox"/> MORE THAN 10 <input type="checkbox"/> UNKNOWN 4. EXISTENCE OF PRIOR COURT ORDERS: <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> UNKNOWN 5. WAS VICTIM ADVISED OF AVAILABLE REMEDIES AND SERVICES? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO <div style="text-align: center; font-weight: bold; margin-top: 10px;">FOR THE FOLLOWING ITEMS CHECK ALL THAT APPLY</div> 6. TYPE AND EXTENT OF ALLEGED ABUSE BY THE PRIMARY AGGRESSOR: <input type="checkbox"/> 1 - FATAL INJURY <input type="checkbox"/> 2 - PERMANENT PHYSICAL DISABILITY <input type="checkbox"/> 3 - TEMPORARY DISABILITY <input type="checkbox"/> 4 - BROKEN BONES <input type="checkbox"/> 5 - GUN/KNIFE WOUNDS <input checked="" type="checkbox"/> 6 - SUPERFICIAL INJURIES <input checked="" type="checkbox"/> 7 - PROPERTY DAMAGE/THEFT <input type="checkbox"/> 8 - THREATS <input type="checkbox"/> 9 - ABUSIVE LANGUAGE <input type="checkbox"/> 10 - SEXUAL ABUSE <input type="checkbox"/> 11 - OTHER 7. POLICE ACTION TAKEN <input type="checkbox"/> 1 - ARREST <input type="checkbox"/> 2 - CITATION <input type="checkbox"/> 3 - SEPARATION <input type="checkbox"/> 4 - MEDIATION <input checked="" type="checkbox"/> 5 - OTHER <input type="checkbox"/> 6 - NONE IF NO ARREST MADE WHY NOT? <input type="checkbox"/> 1 - JUVENILE <input checked="" type="checkbox"/> 2 M - PRIMARY AGGRESSOR WAS NOT AT THE SCENE <input type="checkbox"/> 3 - INSUFFICIENT PROBABLE CAUSE <input type="checkbox"/> 4 - OTHER REASON 8. HOW WAS PRIMARY AGGRESSOR IDENTIFIED? <input checked="" type="checkbox"/> 1 - PHYSICAL EVIDENCE <input type="checkbox"/> 2 - TESTIMONIAL EVIDENCE <input type="checkbox"/> 3 - OTHER 9. DID INVESTIGATION INDICATE THAT SUBSTANCE ABUSE WAS INVOLVED? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO IF YES, INDICATE SUBSTANCE(S) USED BY PRIMARY AGGRESSOR(A) AND/OR VICTIM(V) A: <input checked="" type="checkbox"/> 1 - DRUGS <input type="checkbox"/> 2 - ALCOHOL V: <input type="checkbox"/> 3 - DRUGS <input type="checkbox"/> 4 - ALCOHOL 10. RELATIONSHIP OF PRIMARY AGGRESSOR TO VICTIM(S): <input checked="" type="checkbox"/> 1 - PRESENT SPOUSE <input type="checkbox"/> 2 - FORMER SPOUSE <input type="checkbox"/> 3 - PARENT <input type="checkbox"/> 4 - CHILD <input type="checkbox"/> 5 - STEPPARENT <input type="checkbox"/> 6 - STEPCHILD <input type="checkbox"/> 7 - FOSTER PARENT <input type="checkbox"/> 8 - FOSTER CHILD <input type="checkbox"/> 9 - NONE OF THE ABOVE, BUT LIVES IN SAME HOUSEHOLD										
CLEAR	REQUIRED DATA FIELDS FOR CLEARANCE REPORT <input type="checkbox"/> CLEARED BY ARREST <input type="checkbox"/> EXCEPTIONALLY CLEARED <input type="checkbox"/> UNFOUNDED DATE OF CLEARANCE <input type="checkbox"/> ADULT <input type="checkbox"/> JUVENILE									
	REPORTING OFFICER Burton l w				NUMBER 2892	APPROVING OFFICER Cribbs t a			NUMBER 3117	

DEKALB COUNTY POLICE DEPARTMENT		Case #:	
GA0440200		19-091140	
NARRATIVE			
Officer ID/Name: 2892	Burton l w	Date: 9/29/2019 7:08:59 PM	Approving Officer ID/Name: 3117
			Cribbs t a
			Date: 9/29/2019 9:36:23 PM
Title: INITIAL REPORT			
<p>On 09-29-2019 at 1656 hours, I responded to 4649 Memorial Drive, room #106, (United Suites) in reference to a domestic call. Upon my arrival, I met with the complainant Ms. Bertha Woods.</p> <p>Ms. Woods said that at approximately 1600 hours, her boyfriend Mr. Marcus Odem returned to their room and suddenly began to assault her. Ms. Woods said that Mr. Odem slapped her and grabbed her by her neck. Ms. Woods said that when her phone began to ring Mr. Odem grabbed her phone and threw it out of the front door.</p> <p>Ms. Woods sustained scratches to her face, neck and right forearm due to the reported incident.</p> <p>Ms. Woods was provided a case number and a victim contact card at the scene.</p> <p>Warrants are pending in reference to the call as well.</p> <p>Bodyworn used</p>			